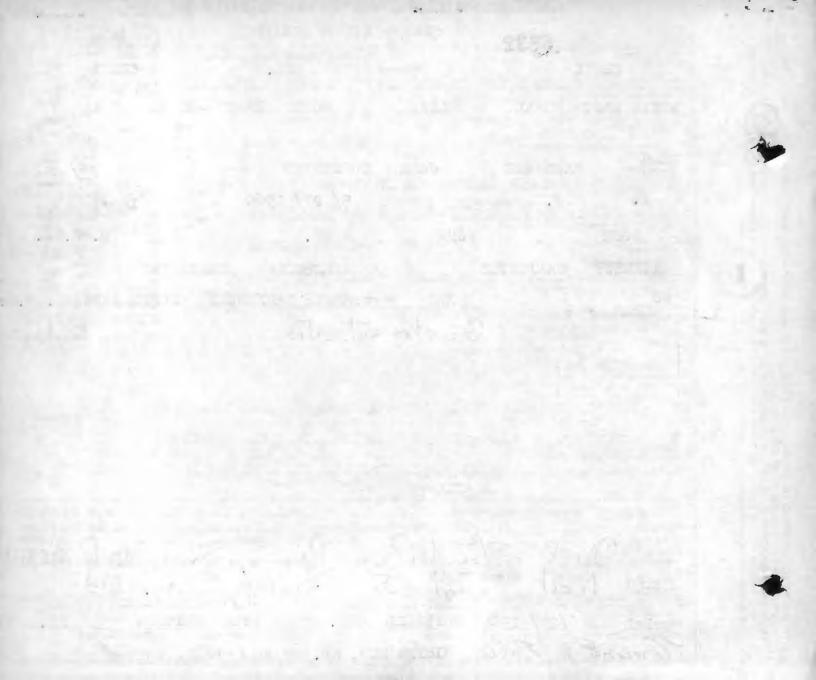
¬MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be Reg. Dist. No. PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY o. STATE Pa b. COUNTY Ceci1 MARYLAND buriol, b. CITY OR TOWN (It outside corporate limits, write RURAL C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) North East Visiting Essington d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 213 Taylor Ave YES NO NO 3. NAME OF 4. DATE Middle Month Year DECEASED DEATH 19 60 (Type or print) 18 Annette Sonya Achev 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 3 8. DATE OF BIRTH 9. AGE (In yours IF UNDER TYEAR IF UNDER 24 HRS. lost birthday) Months Days Hours WIDOWED | 20 ym. DIVORCED | 1-31-1940 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. College Student Student Pennys 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME may William F. Archev Rita May Schwatr tz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT Essington, 16. SOCIAL SECURITY NO. Address Pa. William F. Achev. 213 Taylor Ave no 1B. CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Drowned in North East River IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which gove rise to immediate course DUE TO (a), stotling the underlying couse lost. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 19. WAS AUTOPSY PERFORMED? periding NO. 20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) Trying to turn over capsized boat rifficate, writing the ward to the Chief Medical Exam DIRECTOR: Page 3 should 20d. INJURY OCCURRED .. 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) factory, street, affice bldg., etc.) 3.30 m. 618 160 Ot North East River of work of work North Dog 21. I certify that I took charge of the remains described above, held on Autopsy \(\pi\), Inspection Inquiry , and find that Accident S. Suicide . Homicide . death resulted frome Natural causes ... Undetermined cause DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER T **EXAMINER'S** DEPUTY MEDICAL EXAMINER 6-20-60 NAME (Type) R.C.Dodson 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 Schuvkill Memorial Buria 6-23-60 Schuvkill Haven Penna 23. FUNERAL DIRECTOR'S MENATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR JUN 2 2 '60 VS. A15ME(5) arthur S. Krous East. Mary Land DATE 5M 9/55

MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

| | | MARYLAND STATE I | DEPARTMEN | NT OF HEALTI | H-BALTIM | ORE, 18 | |
|-----|-------------|--|-------------------|---|------------------------|---------------------|--|
| | | 6832 C | ERTIFICAT | E OF DEAT | Н | Reg. | 0.62.87 |
| 1 | | PLACE OF DEATH O. COUNTY CECIL | MARYLAND 2 | a. STATE MD | | COLUMN | idence before admission) ECIL |
| | ł | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | OF STAY IN 16 | c. CITY OR TOWN (IF | outside corporate li | mits, write RURAL o | and give nearest town) |
| | | NORTH EAST RURAL LI d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION | FE | NORTH d. STREET ADDRESS | EAST | RURAL | e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) |
| | | NAME OF First DECEASED (Type or print) MARGARET J | Middle ANE CA | ARPENTER | 4. DATE OF DEATH | Manth 6/ | Day Year 26/ 1960 |
| | 5. 5 | 6. COLOR OR RACE 7. MARRIED NEVEL | MARRIED (8. E | 5/ 27//19 | 9. AC | -/ | DER 1 YEAR IF UNDER 24 HE |
| | 10a | USUAL OCCUPATION (Give kind of work done during most af working life, even if retired) NONE NONE | INESS OR INDUSTRY | MD . | ar foreign country | 12. | CITIZEN OF WHAT COUNTR |
| | 13. | FATHER'S NAME | 1 | 14. MOTHER'S MAIDEN | NAME | | 0. 0. 11. |
| | | KENNETH CARPENTER | | REBECCA | BEN | JAMIN | |
| | 1S. (Yes | WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECU (If yes, give wer or doles of service) | RITY NO. INFO | DRMANT | | Address | |
| | | NO NONE [18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), | | ENNETH CAF | PENTER | NORTH | EAST, MD. R |
| | 7 | PART I. DEATH WAS CAUSED BY: | The Rh | /en/IS | | | ONSET AND PEATH |
| | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING | | | | | PART I(a) 19 WAS AUTOPS PERFORMED? YES NO |
| 1 | L CERTIF | 200, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | DURY OCCURRED. (| Enter nature af injury in | Part I ar Part 11 of | item 18.) | , |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUI While Not whi at work of twork | | OF INJURY (Home, for y, street, office bldg., et | m, 20f. (City or to | wn) | (County) (Stor |
| | | 21. I certify that I attended the deceased fram, | | , 19, to | | , 19,that | last saw the decease |
| | | ACTUAL ON -0 | -2 | Di. | M, from the c | | the date stated above |
| | | PHYSICIAN'S NAME (Type) | or Dr | Risi | na | 202 | md. |
| 1 | I | Burial 6/29/1960 HOP: | | EM. | PORT 1 | City, town, or coun | MD. |
| 13. | 23. | ADDRESS SIGNATORE ADDRESS | | | D BY REGISTRAR | 24b. REGISTRAR'S | |
| | 1 | Wmone, 111-11 week RI | SING SUN | MD DATE | UN 2 9 '60 | Chilm | of thouse |



| 1 | PLACE OF DEAT | H | | | 2. USUAL RESIDEN | CE (Where decea | sed lived. If institu | Reg. Dist. No tion: Residence be | |
|-----------------------|--|---|--|--|--|--|---|-------------------------------------|------------------------------|
| | a. COUNTY | Cecil | | MARYLA | o. STATE | d. | b. COUNT | | |
| | b. CITY OR TOW and give nearest | N [If outside corporate limits, v | write RURAL | c. LENGTH OF STAY IN | 16 c. CITY OR TOW | 'N (If outside cor | porate limits, write | | earesi town) |
| | | apeake Cit | | 20 yrs. | | apeake | City. | | |
| | | SPITAL OR INSTITUTION | l (If not in hosp | ital, give street address) | d. STREET ADDR | SS | | | ON A I |
| 3 | -DECEASED | | First | Middle | Lost | 4. DATE OF | Month | Day | Year |
| | (Type or print) | EDWARD | - 19 | R. | CRAWFORD | DEATH | June | 9. | 19 |
| 3 | SEX | 6. COLOR OR RAC | | NEVER MARRIED | | 4000 | 9. AGE (In years fast birthday) | Months Days | Hours N |
| 7 | Male | White | WIDOWED | | NOV. 10 | 1902 | 57 yrs. | 12. CITIZEN O | S MANAY CO |
| ľ | Account | orking life, even if retired | d) 1 . | countant | | | oomiy) | | |
| 1 | 3. FATHER'S NAME | | 1 440 | countaine. | 14. MOTHER'S MAID | ass. | | 0, | S.A. |
| П | | nformatio | m | | | nformat | tt on | | |
| | 5. WAS DECEASED | EVER IN U. S. ARMED I | FORCES? 16. S | OCIAL SECURITY NO. 1 | 7. INFORMANT | IL OL MO. | Address | | |
| €. | Yes, no. or unknown) | (If yes, give war or dates | 081 | -01-7085 | Mrs. Beatr | ice Cra | awford. | Chesape | ake |
| F | 18. CAUSE OF | DEATH Enter only one of | cause per line fo | | | | | INTE | EVAL BETWEEN |
| | PART UT | MAS CAUSED BY | Act | te Corona | ry occlusi | on | | Onst | ET AND DEATH |
| | Um Oyur | DUE T | | | | | | | |
| | Conditions, | | (b) | | | | | | |
| | gave rise to in | | 0 | | | | | | |
| L | cause lost. | | (c) | | | | | | |
| 1 | | OTHER SIGNIFICANT CO | ONDITIONS COI | NTRIBUTING TO DEATH B | UT NOT RELATED TO THE | ERMINAL DISEAS | E CONDITION GIV | EN IN PART 1(a) | 9. WAS AUT |
| 200 | PARI II. | | | | | | | 1 | YES N |
| DO A TION | <u></u> | | | | | | | | |
| COTICICATION | <u></u> | CONTRIBUTING [| 20b. DESCRIBE | HOW INJURY OCCURRED |). (Enter noture of injury i | Port t ar Port II | of item 18.) | | |
| CEOTIC | 20g. EXTERNAL PRIMARY OF CAUSE OF DEA | CONTRIBUTING [] | | | | | | (County) | |
| CEOTIC | 20g. EXTERNAL PRIMARY OF CAUSE OF DEA | CONTRIBUTING DITH. NJURY Month, Day, 1 | Yeor 20d. It | NURY OCCURRED 20%. | PLACE OF INJURY (Home, factory, street, office bldg. | form, 120f. (City | | (County) | (|
| MEDICAL CENTISICATION | 20g. EXTERNAL PRIMARY or CAUSE OF DEA | NJURY Month, Day, 1 | Feor 20d, It White of wor | Not while of work | PLACE OF INJURY [Home, factory, street, office bldg. | form, 20f. (City | y ar town) | | |
| CEOTIC | 20g. EXTERNAL PRIMARY OF CAUSE OF DEA | CONTRIBUTING TH. NJURY Month, Day, 1 m. ra. 1 r that I took chorg | feor 20d. It While of wor | UURY OCCURRED 20%. Not while at work commons described of | PLACE OF INJURY (Home, factory, street, office bldg, above, held an Aut | form, 20f. (City | nspection X, | Inquiry 🔀 | |
| CEOTIC | 20g. EXTERNAL PRIMARY OF CAUSE OF DEA | NJURY Month, Day, 1 | feor 20d. It While of wor | UURY OCCURRED 20%. Not while at work commons described of | PLACE OF INJURY (Home, factory, street, office bldg. | form, 20f. (City | y ar town) | Inquiry 🔀 | |
| CEOTIC | 20g. EXTERNAL PRIMARY or CAUSE OF DEA CAUSE OF DEA HOUR a. p. 21. I certify death resul | CONTRIBUTING TH. NJURY Month, Day, 1 m. ra. 1 r that I took chorg | feor 20d. It While of wor | UURY OCCURRED 20%. Not while at work commons described of | PLACE OF INJURY (Home, factory, street, office bldg, above, held an Aut Suicide , Homi | form, 20f. (City opsy], li | rar town) Inspection X, indetermined c | Inquiry 🔀 | |
| CEOTIC | 20g. EXTERNAL PRIMARY Or CAUSE OF DEA | CONTRIBUTING TH. NJURY Month, Day, 1 m. ra. 1 r that I took chorg | feor 20d. It While of wor | UURY OCCURRED 20%. Not while at work commons described of | PLACE OF INJURY (Home, factory, street, office bldg. | form, 20f. (City opsy , li cide , U | r ar town) Inspection (X), Indetermined c | Inquiry 🔀 | , and fin |
| CEOTIC | 20g. EXTERNAL PRIMARY or CAUSE OF DEA CAUSE OF DEA HOUR a. p. 21. I certify death resul | TH. Month, Day, 1 m. 1 that I took chargeted from: Natura | feor 20d. It While of working of the real causes | www. Not while of work | PLACE OF INJURY (Home, foctory, street, office bldg. bove, held an Aut Suicide , Homi M.D. CHIEF MEDIC. ASSISTANT M | form, 20f. (City opsy], li | nspection X, ndetermined c | Inquiry 🔀 ause 🔲. | , and fin |
| SITOSO ANDIOSYN | 200. EXTERNAL PRIMARY OF DEA CAUSE OF DEA CA | TH. NJURY Month, Day, 1 that I took chorged from: Natura Re Ce | Yeor 20d. It While of world ge of the real causes X Dodson | UURY OCCURRED 20%. Not while at work commons described of | PLACE OF INJURY (Home, foctory, street, office bldg. Above, held an Aut Suicide , Homi M.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDIC | form, 20f. (City opsy , licide , U | nspection X, ndetermined c | inquiry 🛭 ause 🗍. June 9, | , and fin |
| SITOSO ANDIOSYN | 20g. EXTERNAL PRIMARY OF CAUSE OF DEA CAUSE | TH. NJURY Month, Day, 1 that I took chorged from: Natura Re Ce | Yeor 20d. It While of working of the real causes & Dodson | Mot while and work | PLACE OF INJURY (Home, foctory, street, office bldg, bove, held an Aut Suicide , Homi- M.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDICOR CREMATORY | form, 20f. (City opsy], li cide [], U AL EXAMINER [EDICAL EXAMINER] 22d. LOCA | rar town) Inspection , Inspection , Indetermined c | inquiry 🛭 ause 🗍. June 9, | DATE SIGN |
| 211037 14710374 | 200. EXTERNAL PRIMARY OF CAUSE OF DEA 200. Time OF It Hour o. p. 21. I certify death resultation of the company | CONTRIBUTING TH. NJURY Month, Day, 1 m. 1 that I took chorged from: Natura Re Ce ATION, 22b. DATE THER City) June 1 | Yeor 20d. It While of world ge of the real causes X Dodson | Mot while and work | PLACE OF INJURY (Home, foctory, street, office bldg. bove, held an Aut Suicide , Homi M.D. CHIEF MEDIC ASSISTANT M DEPUTY MEDI OR CREMATORY 15:tine: Cem 240. | form, 20f. (City opsy , li cide , U AL EXAMINER EDICAL EXAMINER 22d. LOCA NT: REC'D BY REGIST | nspection X, ndetermined c THON (City, town, c Chesape RAR 24b. REGIS | Inquiry ause | DATE SIGN 1960 (Store) |

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funer firector. Page 4 should be farwor to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained far you to burial to burial cremation.

farwor TO FUNA

VS. ATSME(S) 5M 9/55

added to the section of the section of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06789 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY Cecil b. couHarford a. STATE Md. MARYLAND b. CITY OR TOWN (It outside corporate limits, write RURAL & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Havre De Grace, R.D.i n ear Port Deposit 3 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Month Yeor Doy DECEASED Crigger DEATH 6 20 60 (Type or print) George 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | B. DATE OF BIRTH 9. AGE (In years IFUNDER TYEAR IF UNDER 24 HRS. Months Hours WIDOWED [DIVORCED [yrs. 100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Mechanis Auto. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Add Crigger 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17, INFORMANT 216 -18-4010 George C. Crigger, Havre De. Grace. Md. R? D. no INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH | Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: Drowned DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (b), stating the underlying COUSE | gat. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO. CERTIFI 20g. EXTERNAL CAUSE WAS PRIMAR OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Fell in water from capsized boat MEDICAL Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) of work at work E Susquehannah River Havre Degrace Harford Md. 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection K. Inquiry X, and find that Chief death resulted from: Natural causes , Accident , Suicide , Homicide , RECTOR: Undetermined cause . tificate, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) R.C.Dodson 224 BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) EMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur & House 5M 9/55

OF EVENITOR HART WHERE TWEEN, USE OF TRACTOR TO MARKET HOVER THE THROUGH THE PUBLISH HOW THE PARTY OF THE PARTY 1. W. I course of oxyall

| 3. NA DEN (15. W. 15. W. 17es, no. | MALE (A. COLC MALE White MALE White MALE White MALE White MALE White MALE White MALE MALE MALE MALE MALE MALE MALE MALE | t in hospitol, given HOSP First RO OR OR RACE 7 Lite v kind of work do even if refired) Dann S. ARMED FORCE Is wor or dates of serv er only one cous CAUSED BY: ATE CAUSE (0) DUE TO | e street oddress) ital dney H. MARRIED NEVER WIDOWED D One 10b. KIND OF BUSI | MARRIED MIDIOPORCED INCORPORATION INCORPORATION IN THE PROPERTY IN THE PROPERT | B. DATE OF BIRTH JUNE 12 STREET AD LOST DAA B. DATE OF BIRTH JUNE 12 ISTRY 11. BIRTHPLA Mary 14. MOTHER'S / HE INFORMANT | Maryland A DATE A DA | Ave. 9. AGE (in years lost birthdoy) yrs. country) Add | IF UNDER 1 YEAR Months Days 12. CITIZEN C US | e. IS RESIT ON A YES Ony Yes Hours Hours OF WHAT CO |
|---|--|---|--|--|--|--|---|--|--|
| 3. NA DE (Ty) 5. SEX 100. U dt 13. FA' | OR INSTITUTION Union MACOF CEASED pe or print) 6. COLC Male SUAL OCCUPATION (Give I uring most of working life, a NONe THER'S NAME RODNEY AS DECEASED EVER IN U. S. D. OF UNION OF THE PART I. DEATH WAS GIVE PART I. DEATH WAS GIVE IMMEDIA Conditions, if any which gove rise to immediate | First Ro OR OR RACE 7 Lite v kind of work do even if retired) Dann S. ARMED FORCES wor or dates of serv er only one coust CAUSED BY: ATE CAUSE (o)_ DUE TO | dney H. MARRIED NEVER WIDOWED D One 10b. KIND OF BUSI | R MARRIED M | B. DATE OF BIRTH June 12 ISTRY 11. BIRTHPLA Mary 14. MOTHER'S / He INFORMANT | Maryland A DATE // 3rdeati ,1960 CE (Stote or foreign land MAIDEN NAME ster J. W | 9. AGE (in years lost birthday) yrs. country) | IF UNDER 1 YEAR Months Days 12. CITIZEN C US | YES DOOY YOU THE TOTAL SET AND |
| 5. SEX 10o. U 13. FA' | GEASED pe or print) 6. COLC Male Wh: SUAL OCCUPATION (Give learning most of working life, earning l | ROOR OR RACE 7 1 to v kind of work do even if retired) Dann S. ARMED FORCE Is wor or dates of serv er only one cous CAUSED BY: ATE CAUSE (0) DUE TO | 7- MARRIED NEVER NIDOWED D ne 10b. KIND OF BUSI ES? 16. SOCIAL SECUI | R MARRIED M | B. DATE OF BIRTH June 12 STRY 11. BIRTHPLA Mary 14. MOTHER'S / He | ,1960 CE (Stote or foreign cland MAIDEN NAME ster J.V | 9. AGE (In years lost birthdoy) yrs. country) /alton | IF UNDER 1 YEAR Months Days 12. CITIZEN C US | THE INTERVAL BET |
| 100. U di | Male Wh: ISUAL OCCUPATION (Give luring most of working life, or NONE THER'S NAME RODREY AS DECEASED EVER IN U. S. o. or ugknown) B. CAUSE OF DEATH [Enter PART I. DEATH WAS (MAREDI) Conditions, if only which gove rise to immediate | kind of work do even if refired) Dann 5. ARMED FORCE in wor or dates of serv er only one cous CAUSED BY: ATE CAUSE (o) DUE TO | WIDOWED DO | DIVORCED INDU | June 12 ISTRY 11. BIRTHPLA Mary 14. MOTHER'S / He INFORMANT | CE (Stote or foreign land MAIDEN NAME ster J.V | lost birthdoy) yrs. country) lalton | Months Days 12. CITIZEN 0 US | Hours FA FIRT Hours Hours HEIRT HEIRT HEIRT HEIRT HERVAL BET |
| 13. FA' | THER'S NAME RODIEY AS DECEASED EVER IN U. S. D. OLUBRICONNO D. CAUSE OF DEATH [Enter PART I. DEATH WAS IMMEDIATED IN MEDIATED IN MEDIATE | Dann S. ARMED FORCE Is wor or dates of serv er only one cous CAUSED BY: ATE CAUSE (o)_ DUE TO | ES? 16. SOCIAL SECUI None | RITY NO. I | Mary 14. MOTHER'S / He | land MAIDEN NAME ster J.V | Valton Add | ress d Ave | Elkt |
| 15. W/ Yes, nd | Rodney AS DECEASED EVER IN U. S. D. OF USKNOWN) B. CAUSE OF DEATH [Enter PART I. DEATH WAS CIMMEDIA Conditions, if only which gove rise to immediate | s. ARMED FORCE s wor or dates of serv er only one cous CAUSED BY: ATE CAUSE (o)_ DUE TO | None None | F | He | ster J.V | Add | d Ave. | TERVAL BET |
| 18 | D. CAUSE OF DEATH (Enter PART I. DEATH WAS (IMMEDIA) Conditions, if any which gave rise to immediate | er only one cous CAUSED BY: ATE CAUSE (o)_ DUE TO | None None | F | | ann 402 | | d Ave. | TERVAL BET |
| () () () () () () () () () () | PART I. DEATH (Enter PART I. DEATH WAS IMMEDIA | CAUSED BY: ATE CAUSE (o)_ DUE TO | | | urity | 1112 | 11070 | IN | TERVAL BET |
| | ying couse lost. | te DUE TO | PIAC | eNIA | | Suf-Fic | levery | (MACOU) | WEL |
| CERTIFICATION | PART II. OTHER SIGNI DG. ACCIDENT WAS UNDER R CONTRIBUTING CAUS F EITHER, NOTIFY MEDICAL | | Ob. DESCRIBE HOW IN | | | | | VEN IN PART I(0) | PERFOR YES |
| ¥ | FEITHER, NOTIFY MEDICAL c. TIME OF INJURY Month Hour o. m. p. m. | | 20d, INJURY OCCUR While Not while at work of work | I.m. | LACE OF INJURY (History, street, office | | ly or lown} | (County | rl |
| | 1. I certify that Latt live an 14 Ju | | | 2JuN d that death | | P_M, fram | | nd on the da | w the de |
| SI | CTUAL GNATURE Jea | reje | Muein, | 7 | M.D. 201 | 2 min | Street, city or town, | Elle | 146/1 |
| N. | Wute (1)be | orge J | .Kreis | | | | ATION (City, town, | | |

* * *

| | | | E.A. Section of |
|--------|---|-------|--------------------|
| mou | San Free II. | | p. # - |
| | No. P. | 11-3 | 7 - 1 |
| | the tree and | tanta | a matrice |
| 24 = 1 | -1 | | |
| 7 | | | at his last of the |
| | $= c \cdot C \circ (a) = \underline{a} ($ | | 140 |
| | and different policy | | |
| | You all and | 1.7 | D • |
| | The second second | | |
| | | 512 | |
| | | | |
| | | | |
| | | | |
| | | | 200 |
| 19 | | | - |

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 |
|--|--|
| 2 8 | MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. |
| should by | 1. PLACE OF DEATH a. COUNTE CIT. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY 1. |
| N N N N N N N N N N N N N N N N N N N | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) EIKTOR C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Shramokin |
| S of interest | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Union Hospital d. STREET ADDRESS ON A FARM? YES D NO FI |
| noy acra your fi egistr. | 3. NAME OF DECEASED (Type or print) Arthur First Albert Middle Duncheskie: 4. DATE OF DEATH 19 |
| ined for | 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. DATE OF BIRTH WIDOWED DIVORCED 10-18-18-98 9. AGE (In years low berinday) OP yrs. Months Days Hours Min. |
| ond 3 be reto and 2 will be reto | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Plumming: Plum |
| 5 may 5 may 1. 2 | Jesse Duncheskie Anna Smith |
| Give Poges 5. | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Arthur A. Suncheskie. Shamokin. |
| in permit. | 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Drowned Drowned |
| with for | Canditions, If any, which by |
| n pencil | gove rise to immediate couse (o), stoling the underlying couse lost. DUE TO |
| so Office | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOW AND THE PROPERTY OF THE PERFORMENCE OF |
| e ju | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) PRIMARY D or CONTRIBUTING D CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) Fell out of boat in Elk River |
| the word is a should | 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) **Elk River** County C |
| ry riting the rief Medii | 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry. and find that death resulted from Natural causes . Accident . Suicide . Homicide . Undetermined cause . |
| erificate, write the Chief to t | ACTUAL SIGNATURE JULIA CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER |
| IND A | EXAMINER'S R.C.Dodson DEPUTY MEDICAL EXAMINER 6-12-60 |
| 5 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | 22c. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stoke) Burial (Specify) 6/15/60 Odd Fellows Coal Twp. Pennal |
| /S. A15ME(5) 5M 9/55 | PIPPIN FUNERAL HOME Straff Der Elkton, Md. Der Elkton, Md. Date MN 16'60 Color & Trans |





ADDRESS

24g. REC'D BY REGISTRAR

DATE JUN 2 2 '60

YES NO

PERFORMED? YES NOT

(State)

20 June 60

(Stote)

24b. REGISTRAR'S SIGNATURE Lillag S. Thous 19 60

23. FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06295 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed a. COUNTY b. COUNTY MARYLAND Cecil Marvland Cecil uneral b. CITY OR TOWN (If autside carporate limits, write e. LENGTH OF STAY IN 16 ě c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest town) ъ Yrs. 110 West Main St. Elkton. d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Pvt . home YES NO NAME OF First Middle 4. DATE Lest Month Day Year DECEASED OF DEATH (Type ar print) V. Isaac Hammond 6 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days DIVORCED [WIDOWED P 62 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Baldwin Mfg Co. Maryland U.S.A. puo carbon 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Samuel mave V. Hammond Hnkn IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 215-01-1524 Edward J Hammy vo. 3 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic coronary artery disease unknown **DUE TO** Conditions, if any," which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic bronchitis and pulmonary emphyseme. YES INO IT 200. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY I Home, form, 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc. a. n. Not while at work a al wark p. m. 21. I certify that I attended the deceased fram June 24, 19.60, to June 29 ..., 19.60, that I last saw the deceased . 1260---, and that death accurred at 8:155M, from the causes and an the date stated above. alive an____ ADDRESS (Street, city or town, state) ACTUAL SIGNATURE 233 E. Main Street 6/30/60 PHYSICIAN'S Ralph Andrews, Jr. NAME (Type) Elkton, Maryland 22a. BURIAL CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Cherry Hill Cemetery Cherry Hill Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUL 6 arthur S. Thomas



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 6836 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased I ved If institution: Residence before admission) G. STATE District Of C. C. COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perry Point, Maryland lOYrs, 7Mon. Washington.D.C. d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS ON A FARM 3823 Mass. Ave. N.W. Administration Hospital YES NO 7 NAME OF Midd e 4. DATE Month DECEASED OF DEATH HARRIS HARRY 6 ROSENBERG 1960 (Type or print) 5 SEX B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED TH lost birthdoy) 3-20-02 Months Days White Male WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Salesman Clothing Washington, D. C 12. CITIZEN OF WHAT COUNTRY? USA Washington. D.C. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 17. INFORMANT 3823 Mass. Ave. 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Yes Mr. Lester Rosenberg (Brother) NW. Wash. D.C. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA.RT. LUNG- UNRESOLVED IMMEDIATE CAUSE (o DUE TO ARREST CARDIAC Conditions, if any, which PE gove rise to immediate DUE TO couse (a), stoting the under-CLOSURE OF EVISCERATION lying couse lost PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19 PERFORMED? YES NO Arteriosclerosis, generalized, moderately severe 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED (County) (State) factory, street, affice bldg., etc. Hour a.m While Nat while ot work at work 10-24-19 49 to 6-4-19_60 thXXXXXXXXXX 21 | certify that (X) (this haspital) oftended the deceased from... 22a S GNATURE SIGNED MED DIRECTOR M.D. 22c. PHYSICIAM 22d. ADDRESS L. GAREY. 23a BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF GEMETERY OR CHEMATORY (Stote) 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR (ulus & Thousa VR A15 (4) 15M 9/S9



| 1 | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | |
|--|--|--|
| • | 6821 CERTIFICATE OF DEATH | 79 |
| director | LACE OF DEATH COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before the county of the county of the county cecil | ore admission) |
| funeral funeral | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Earleville | orest town) |
| 4 4 4 C | NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Union Hospital | e. IS RESIDENCE ON A FARM? YES NO |
| filled in ges 1 2 | AME OF First Middle Lost 4. DATE Month D. FCEASED OF DEATH JUNE | 9, 19 60 |
| id within 24 pletely filled rs. Pages 1 | le White WIDOWED DIVORCED October 6, 1881 78 yrs. Months Days | R IF UNDER 24 HRS. Hours Min. |
| and cam bon pape er death. | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Cecilton, Md. U.S. A ATHER'S NAME | OF WHAT COUNTRY? |
| physician physician emove carl | Paniel Husfelt Wartha Tims VAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address | |
| death cer tending p please rer rithin 72 h | 213-36-7912 Winnie Davis Husfelt, Earleville, N | Md. |
| equires that the death certificate be in signed by the attending physician a fir permit. Then please remove carboid in any event within 72 hours after the interest in a constant the interest in a const | PART I. DEATH WAS CAUSED BY: | 3 days. |
| The law r ig physicio thas been virial-trans emoval, ar | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) Senility On ACCIDENT WAS LINDED YING ED. 12th DESCRIBE HOW INHIBIT OCCUPRED LIFETING OF FRIEND AND PART I OF ROLL OF ROLL IN PART I OF THE PART I OF ROLL OF ROLL IN PART I OF THE | 19. WAS AUTOPSY PERFORMED? YES NOTE |
| MYSICIAN: I or attendivitis certificate use as the k motion, or r | OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) OC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED Fociory, Street, office bldg., etc.) P. m. 19 (County) | (State) |
| OR ATENDING Pand by the hasping MECTOR: After the prior to burial, cre | 21. I certify that I attended the deceased from 9 May 60, 19, to 9 June 60, 19, that I last so alive on 9 June 60, 19, and that death accurred at 5:45 AMM, from the causes and an the do ADDRESS (Street, city or town, state) ACTUAL ACTUAL M.D. Cecilton, Md. | aw the deceased above. DATE SIGNED 11 June 6 |
| MOSPITAL moy be relation of FUNERAL page 3 shall the registrar | PHYSICIAN'S Wallace Obenshain, M.D. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) June 13, 1960 Cecilton Cemetery (Cocilton Cemetery) | (Stote) |
| A2 V2 | UNERAL DIRECTOR'S SIGNATURE ADDRESS, WARD TE VIALUE OF THE PROPERTY OF THE P | |



, ----

.

.

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 6837 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE PENNSYLVANIA b. COUNTY CECTL MARYLAND b CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) PERRY POINT, MARYLAND OXFORD 30 Davs d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS HOSPITAL. PERRY POINT, MARYLAND 131 LANCASTER AVENUE NAME OF 4. DATE DECEASED WILLTAM JONES DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED T B. DATE OF BIRTH 9 AGE (In years 18 dirthday) MALE WHITE 11-9-90 WIDOWED DIVORCED | 10a, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) during most of working life, even if retired) Gon!t Labor-Supervisor Philadelphia. Penna. 13. FATHER'S NAME 14. MOTHER'S MAJDEN NAME JANE JOHNSON (Deceased) WILLIAM W. JONES Deceased 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Yes Mr. James McCrabb (Friend) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Hemorrage-Massive- Gastro-Intestinal Tract -PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Esophageal Varices Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the under-Cirrhosis Of Liver With Hepatoma, Diffuse lying cause lost PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY Arteriosclerosis, Generalized 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm 20f, (City or town) factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at work pm. 21 | certify that (1) (this haspital) attended the deceased fram. XXXXXXX and that death accurred alo: IM, from the causes and an the date stated above. #CAXING developed 22a SIGNATURE M D PHYS MED. DIRECTOR 22c PHYSICIAN'S 22d ADDRESS VA HOSPITAL, PERRY POINT, MARYLAND FUNER 23d LOCATION (City, tawn, or coglety) 230. BURIAL CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 250. REC'D BY REGISTRAR UNERAL DIRECTOR'S 25b. REGISTRAR 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

06794

Months

Days

(County)

19 60, that (I) (we) last

e. IS RESIDENCE

Hours

TISA

Lancaster Ave. .

INTERVAL BETWEEN

PERFORMED?

YES NO

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

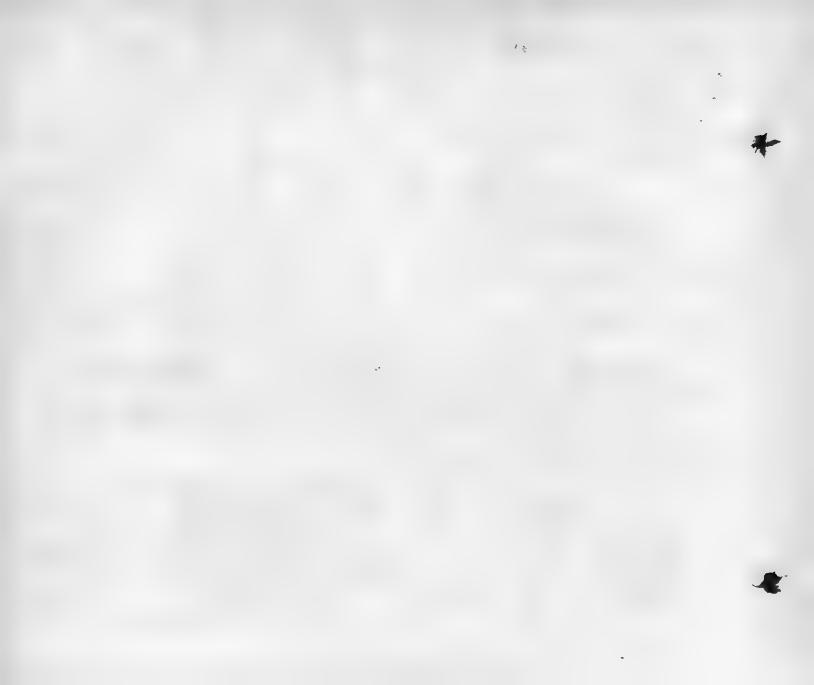
ON A FARMS

YES I NO P



| 1 | 4 | MARYLAND STATE DEPARTMENT C | OF HEALTH—BALTIMORE, 18 | |
|---------------------------------|--------|--|--|--------|
| io io | 4 | 5835 MEDICAL EXAMINER'S CEI | RTIFICATE OF DEATH Reg. Dist. No. | |
| shauf | 7 | 1. PLACE OF DEATH o. COUNTY Cecil MARYLAND 0. S1 | TATE Maryland b. COUNTY Pri. Geo. | n) |
| Page buriof | | b. CITY OR TOWN (II outside corporate limits, write RURAL and give hearest fown) Perry Point c. CI 2 mo.12days | OPEN Hill | |
| ectar. E. Tar to | 050 | | TREET ADDRESS e. IS RES D ON A F | ARM? |
| al di | | 3. NAME OF DECEASED First Middle | 4610 Cedar Ridge Drive YES No. | 10 5 |
| Funer for you | | | OLKEDY DEATH June 7 19 6 | |
| to the pined vith the | (I) | | -29∞19 40 yrs. Months Days Hours Mi | |
| be ret | | during most of working tile, even if relired) Engineer Electrical (| IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COL Dhio USA | DNIKTE |
| 5 may | | | ther's maiden name ana Mote | |
| ve Poge Poge File po | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAL (Yes, no. or unknown) (If yes, give wer or darks of service) | | |
| 18. Gi a PM3. sermit. | | 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Strangulation by ha | INTERVAL BETWEEN ONSET AND DEATH | 1/1 8 |
| in Item vith farr | | DUE TO Conditions, if only, which) | | |
| pencil plang v burial-1 | | gave rise to immediate cause (a), stating the underlying cause last. (c) | | |
| office of as a | | PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT | PERFORME | |
| d 'pend iminer's id be us | | 20g. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. | | |
| the war ical Exc i 3 shou | | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJ | JURY (Home, farm, 20f. (City ar town) (Caunty) (S, affice bldg., etc.) | State) |
| writing ief Med R: Poge | ` | 21. 1 certify that I took charge of the remains described above, heldeath resulted from: Natural causes, Accident, Suicide | | d that |
| ta the Ch DIRECTO | | ACTUAL SIGNATURE / CLAW CLAW M.D. C. | HIEF MEDICAL EXAMINER (| 1ED |
| the Cel | lavama | R. C. DODSON DI | SSISTANT MEDICAL EXAMINER EPUTY MEDICAL EXAMINER 6-7-6 | 50 |
| forw forw | 10 | 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR FREMOVAL (Specify) Arlington Natio | | |
| S. AISME | (5) | Pennington & Son, Havre de Grace, Md. | 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 4 160 with 8. Thousand | |

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0686: MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY **b.** COUNTY Ceci l MARYLAND Marvland Harford b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town) inwor treapen evig bno Perry Point Less than 24 l Abingdon d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RES DENCE ON A FARM? Veterans Administration Hyspital YES NO [3. NAME OF Middle DATE Month Day Year DECEASED (Type or print) ALBERT DEATH VIJCENT 19 60 June 6. COLOR OR RACE 7. MARRIED 9. AGE (In years 5. SEX NEVER MARRIED [] B. DATE OF BIRTH FUNDER TYPART IF UNDER 24 HRS. last birthday) Months | Hours Min. WIDOWED [DIVORCED | White Ma.l.e yn. 10a. USLAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Self employed Proprietor. Lunch Room Pennsylvania U.S.A 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Albert Khhn (Deceased Unknown in Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give Yes Unknown Kate Kuhn (Wife Abingdon, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intraventricular hemorrhage, bilateral, spontaneous IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which Generalized arteriosclerosis with hypertension gove rise to immediate cause **DUE TO** (o), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1161/19. WAS AUTOPSY CERTIFICATION PERFORMED? YES JA NO [200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Fort 11 of item 18.) WEDICAL 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form. 20d. INJURY OCCURRED (County) 20f. (City or town) (Stote) writing the white Medical OR: Page 3 st factory, street, office bldg., etc.) Hour o.m. Not while ot work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy [X]. Inspection I Inquiry K. RECTOR: death resulted-from: Natural causes A, Accident A, Suicide A, Homicide A, Undetermined cause tificate, DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATUR 00 ASSISTANT MEDICAL EXAMINER | **EXAMINER'S** R. C. DODSON 6/24/60 DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Cokesbury Abingdon, Maryland ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) Sons, Abingdon, Maryland &c omas DATE ... 2 8 '60 arthur S. Kross 5M 9/55



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16811 **CERTIFICATE OF DEATH** 6823 Reg. Dist. No. with director PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Fled a. COUNTY o. STATE **b.** COUNTY MARYLAND PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after deoth. funeral b. CITY OR TOWN (If outs'de corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give_nearest lown) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO I 06 NAME OF DECEASED 4. DATE Day First Middle Lost Month Year filled. OF (Type or print) DEATH 19 6 1 S. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even ilpretired) and 331564149 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM physicion emove con remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address yes, give war or dates of service) ottending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH ā PART 1. DEATH WAS CAUSED BY On IMMEDIATE CAUSE (a) the **DUE TO** Conditions, if any, which permit signed gave rise to immediate **DUE TO** cause (a), stating the underand lying cause lost. burnal-transit been PART #. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY remova. PERFORMED? YES 1 NO 200 ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) certificote 9 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Home, form, 20f (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) detached for use Hour a m While Nat while After this at work at work p m . 1900, that I last saw the deceased 21. I certify that attended the deceased from and that death accurred at 8 130 km, from the causes and an the date stated above OR ATTENI Fed by the I alive an ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL þ SIGNATURE ă 010 PHYSICIAN'S TO HOSPITAL NAME LIPPO moy be 226 DATE THEREOF 229-BURIAL CREMATION, 22d-LOCATION (City, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) poge REMOVAL (Specify) 12 0 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 24a REC'D BY REGISTRAR VS A1S (4) DATE ISM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A1S (4) 1SM 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 H

| 825 CERTIFICATE OF DEA | T |
|------------------------|---|
|------------------------|---|

Reg. Dist. 0.681 4

| o. COUNTY Cech. | MARYLAND | 2. USUAL RESIDENCE (Where | b. COUNTY | Residence before admission) Cecil |
|--|--------------------------|---------------------------|---------------------------------|--|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkton | Life | 2 Elkton | ide carporate limits, write RUF | (AL and give nearest tawn) |
| d. NAME OF HOSPITAL (If not in hospital, give stree or institution 113 Bradge Street. | t address) | d. STREET ADDRESS | ridge Street | e. IS RESIDENCE ON A FARM? YES NO |
| 3. NAME OF First DECEASED (Type or print) VERNON | Middle H. | | DATE Month OF June | Day Year |
| 5. SEX 6. COLOR OR RACE 7. MAI Male White WIDOV | | July 29. 188 | last hirthdayl | FUNDER ? YEAR IF UNDER 24 HRS Manths Days Haurs Min |
| 10a LSUAL OCCUPATION (Give kind of work done 10th during most of working life even if retired) Medical Doctor | Medicine | | foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME | _ | 14. MOTHER'S MAIDEN NA | | |
| A. Franklin Mc Knights. WAS DECEASED EVER IN U. S ARMED FORCES? 18 | | Anna. 1 | Louise Janne | V |
| (Yes, no, or unknown) (If yes, give wor at dates of service) | | s. Adelia M. | | |
| PART II. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS TO PART III. OTHER SIGNIFICANT CONDITIONS | oronary oc terorelara | Ciasion Lie Heart | | N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO DEL |
| OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING AND ADDRESS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING AND ADDRESS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING AND ADDRESS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | f_ | | 20f. (City ar town) | (County) (State) |
| 21. I certify that lattended the decedative an May 28, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) | and that death | occurred at 3:1572M | - | and I last saw the deceased on the date stated abave. DATE SIGNED |
| 220. BURIAL, CREMATION, 226. DATE THEREOF | 22c NAME OF CEMETERY O | R CREMATORY 2 | 2d. LOCATION (City, lows, or | caunty) (State) |
| Burial 6-9-60 23 FUNERAL DIRECTOR'S SIGNATURE | Elkton Ceme | 24a. REC'D 1 | | RAR'S SIGNATURE |
| PIPPIN FUNERAL HOME | noldin Der E | lkton, Marjun | 10 00 | |



| 1 | 4 | | | MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 | |
|---|-------|-----------|--------------|--|--------------|
| 1.0 2 | -4 | | | MEDICAL EXAMINER'S CERTIFICATE OF DEATH | |
| Id b | • | | | Reg. Dist. No. | |
| please shaulo cremah | | | 1. [| 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) COUNTY Cecil MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) b. COUNTY Cecil | |
| ge de | | | Ь | CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | |
| Po Po Po Po | 88 CM | | | Elkton 16 hrs. Elkton, R.D.5 | |
| irector | | | d | NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) Union Hospital d. Street address yes pro | RM7 |
| y dela veral d' our fi gistra | 1 | 43401 | | AME OF First Middle Lau 4 DATE Month Day Year OF OF DEATH 6 II 10 | 60 |
| for for | | ŀ | 5. 5 | X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 B. DATE OF BIRTH . 9. AGE (In yours 1 FUNDER 1 YEAR IF UNDER 24) | |
| # ped # | | | | M WIDOWED DIVORCED 9-21-1940 Leat birthday) yrs. Months Days Haurs Min | |
| ded 13 eta | | | 10a | USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTING most of working life, even if retired) | VTRY? |
| on be r | | | | Student High School Hemlock, N.C. U.S.A. | |
| 1, 2, 1, 2, 3, 1, 2, 3, 1, 4, 1, 4, 1, 4, 1, 4, 1, 4, 1, 4, 1, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, 4, | _ | | 13. | ATHER'S NAME 14. MOTHER'S MAIDEN NAME Cond the Outposts - Tomos | |
| 4 hours | - | | 10 | Smith Osborne Pear Jones | |
| re Po | 1) | | [Yes, | NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. SOCIAL SECURITY NO. 17. INFORMANT 19. OF Information of Security No. 17. INFORMANT 19. OF INFORM | |
| Giv T. | / | | | | |
| n P.V. | | | Н | PART L DEATH WAS CAUSED BY: Subditral Hommorphage Carebral Laceration OSET AND DEATH | |
| ecul farr | | 7 | Н | DUE TO | _ |
| in B with tran | ' | ۷ | | Conditions, if ony, which) (b) Contusion of brain Fractured ribs right | |
| Id b ncil ng , rial- | | | | gave rise to immediate couse DUE TO side posteriorly | |
| n pe | | | | couse lost. | |
| ding" is | | All Marie | CATION | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPERFORMED? YES NO |)? |
| pen pen ner | | | CERTIFI | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury In Port I or Part II of item 18.) | |
| This rd . | | | | cause of Death. Car ran off road and into creek | |
| the wo licol Ey | | 7 | MEDICAL | 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lawn) (County) (Sto factory, street, office bldg., etc.) p. m. | olej M£zi |
| AM Med Med | | 71 | | 21. I certify that I took charge of the remains described above, held an Autopsy 💽 Inspection 🔯 Inquiry 🛣 and find | that |
| First Section 2 | | * | | death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined cause . | |
| AEDICA Efficate, o the C | * | £ | | ACTUAL SIGNATURE SIGNATURE M.D. CHIEF MEDICAL EXAMINER (| D |
| F 64 1 5 | | | | EXAMINER'S R C Dodgoo | |
| S S S S S S S S S S S S S S S S S S S | | | | NAME (Type) TITO DOUBUIL DEPUTY MEDICAL EXAMINER TO TENTE | |
| cute forward TO FUI | 5 | | 22 a. | BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 150ecity) BURIAL Specify 6-15-60 Gilpin Manor Mem. Pk. 122d. LOCATION (City, Iown, or county) Md. | |
| VS. A15ME(5) | | | 23. | UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE | |
| 5M 9/55 | | | PI | PPIN FUNERAL HOME Longed 72 De Elkton, Marin 16'60 City & the | |



VR ATS (4) TSM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 6840

06866

| | | LACE OF DEATH | 403 | -0 | | | 2. USUAL RESIDEN | CE (Who | ere deceased | lived, If institute | an: Residence | e befare a | edmission) |
|----|---------------|---------------------------------|--|--------------|----------------------------|----------|-----------------------|-----------|---------------|--|---------------|----------------|---------------------------|
| | | i. COUNTY | Cecil | | MARY | - 1 | a. STATE | | land | P CONITA | | | , |
| | b | RURAL and give r | | ils, write | c. LENGTH OF STAY | N Ib | ~ | | | rate límits, write R | URAL and gi | ive negres | l lawn) |
| | | Perry P | | | 15 days | | C | har. | lesto | wn | | | |
| | C | OR INSTITUTION | ITAL (If not in haspital, p | give street | address) | i i | d. STREET ADD | RESS | | | | e. I | S RESIDENCE |
| ٦. | V | | Administra | tion | Mospital | į. | 1 | | | | | | ES NO DO |
| | 3. N | NAME OF DECEASED | Fi | rsl | Middle | | Last | | 4. DATE | Man | ith | Day | Year |
| | - (| Type or print) | | THUR | (NMI |) | PAULSO | N | OF DEATH | | me | 2 | 19 60 |
| | 5 \$ | EX | 6. COLOR OR RACE | 7. MARI | RIED 🛣 NEVER MARRIE | D 🔲 B. | DATE OF BIRTH | | Ì | AGE (in years lost birthdoy) | | | UNDER 24 HRS |
| | | Male | White | WIDOW | | | 9-15-87 | | | 72 yrs | | | ours Min. |
| | 100. | USUAL OCCUPATI | ON (Give kind of work rking life, even if retired | done 10b | KIND OF BUSINESS O | RINDUST | RY 11. BIRTHPLACE | E (Slote | or fareign co | ountry) | 12 CITIZ | EN OF WI | HAT COUNTRY? |
| | | Brickl | / | | Construct | ion | Penn | svl | vania | | U | SA | |
| N | 13, 1 | FATHER'S NAME | 0,02 (11002 | | | | 14. MOTHER'S MA | | | | | | |
| / | | | Fred Paul | son | (deceased) | | | | vensoi | n (decea | sed) | | |
| | | | ER IN J S ARMED FOR | CES? 16. | SOCIAL SECURITY NO | 17. INF | DRMANT | | | And | ress | | |
| | (Yes. | no, or unknown) | (If yes, give war or dates of t | | male or m | Marc | Anthron | Do | an I com | ,wife, C | homlo | n+ n1. | m Ma |
| | - | Yes | | | unknown | Mrs | • AL CHUL | rai | ursou | MITE C | Harre | | |
| | | | • | suse per li | ne far (a), (b), ond (c).] | | | | | | | ONSET | AL BETWEEN AND DEATH |
| | | PART I DE | ATH WAS CAUSED BY: IMMEDIATE CAUSE (c | n B | ronchopneu | moni | a, bilat | era. | l, uni | resolved | | 7-1 | |
| | | 4-20. | DUE TO | ,, | - | | | | - | | | | |
| | | Conditions, if | anu sukish V | Λ | rterioscle | moti | o hoomt | 440 | 0.000 | | | 3330 | known |
| | | gave rise to | immediate (| | reflosere | LOCT | c neart | alse | ease | | | LLII | KHOWH |
| | | couse (a), stating | |) | | | | | | | | | |
| | | lying couse last | ·) (c | :11 | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| | õ | PART II QT | HER SIGNIFICANT CON | DITIONS | CONTRIBUTING TO DEA | TH BUT N | OT RELATED TO TH | IE TERMII | NAL DISEAS! | E CONDITION GIV | EN IN PART | 1(0) 19. | WAS AUTOPSY PERFORMED? |
| | .¥. | | | | | | | | | | | | S NO |
| | CERTIFICATION | 20a. ACCIDENT W | AS UNDERLYING | 20b. DES | CRIBE HOW INJURY OF | CURRED. | (Enter nature of in | jury in P | art I or Port | I II of item 18.) | | - | |
| | | (IF EITHER, NOTIFY | G CAUSE OF DEATH Y MEDICAL EXAMINER) | | | | | | | | | | |
| | CAI | 20c TIME OF INJU | | | NJURY OCCURRED | | E OF INJURY (Hon | | | or town) | (Ca | ounty) | (State) |
| | MEDICAL | Hour a.m. | 19 | While at war | | racio | ry, street, office bl | ag., erc. | 1 | | | | |
| | _ | , | a american harm | | | . M | 0.77 1.0 | | 60 | June 2 | .60 | *** ** *** *** | ******** |
| | | | | | ded the deceased | | | | | | | | KRIKERPRIK |
| | | | XXX KACKSVILLS DOSE | XXXX | XXXXXXX and | that de | ath occurred o | 14:21 | WH om | the causes ar | id on the | date st | |
| | | 22o. SIGNATURE | 7 4 | (1) | | | ATTENIDING | ME | · D | STAFF | | | 22b DATE SIGNED |
| | | | 1-1 | 27-1 | US Cly | M. | D. PHYS | DII | RECTOR | PHYS 📋 | | 6- | 2-60 |
| | | 22c PHYSIC, AN'S NAME (Type) | 1 | 0 0 | 1 | | 22d. ADDRESS | | | | | | |
| | | TAME (Type) | J. L. GA | REY, | Climical | Path | ologist, | ₹. | A. Hos | pital, F | erry | Poin | t, Md. |
| | 23a. | | ON, 23b. DATE THERE | OF. | 23c NAME OF CEME | TERY OR | CREMATORY | | 23d LOCAT | FION (City, tawn, | or county) | | (State) |
| | | REMOVAL (Specify Buria: | | 1060 | Mt. Mor | iah | | | Phil | adelphia | a. Pa. | | |
| | 24 | FONERAL DIRECTO | | 300 | ADDRESS | | 25 | o REC'I | D BY REGIST | | STRAR'S SIG | | |
| | | Joseph | C CINNIA | Nor | theast, Ma | rvla | | ATE JL | | 100 | rthun S. | | |
| | | Sy op d bu | Tra GI COLO 9 | 1101 | | | Di | AIL ME | י ט יוי | | ~~~~ a. | 1 3/1-m/m | |



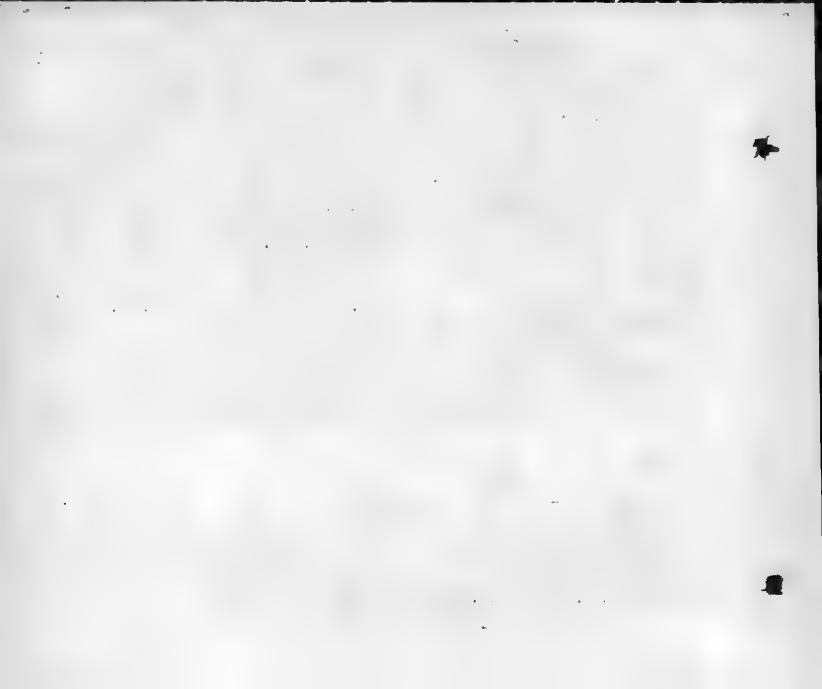
| 1 | R. | | | MAR | YLAND S | TATE DEPAR | IMEN | T OF HEALT | H-BAL | TIMORE, | 18 | |
|-----------|---------|---------|---|---|---|----------------------------|-------------|--|-------------------------|---------------------|-------------------|---|
| E. N | D | | | 6841 | MEDICA | L EXAMINE | | | | | Reg. Dist. No | 6811 Z |
| cremation | | | LACE OF DEATH | Itsms & | 3.9 # 20 | 55,6/24/50 | | USUAL RESIDENCE (| 15/60. Where decease | | | |
| ě. | X | 1 | . COUNTY | Cecil | -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | MARYE | - 14 | o. STATE | | b. COUNTY | | |
| buriol, | X_{i} | 1 | CITY OR TOWN | (If putride corporate limit | s, write RURAL | c. LENGTH OF STAY II | N 1b | c. CITY OR TOWN (I | If outside corp | orate limits, write | | earest fown) |
| | | | Ceci | | | all life | e | × Cecilt | ton | | | |
| e de | | | NAME OF HOSPI | ITAL OR INSTITUTIO | ON (If not in hosp | oltal, give street oddress | | d. STREET ADDRESS | | | | e. IS RESIDENCE ON A FARM? YES NO |
| | • | | | ndrew | First | Middle | PE | RCELost | 4. DATE | Month | Day | Year |
| | | | Type or print) | | | Sherwood | | Statode | DEATH | 6 | 9 | 19 60 |
| | | 5. 9 | | | | NEVER MARRIED | | | | 9. AGE (In years | Months Days | IF UNDER 24 HRS |
| (| | - | M | W | WIDOWED | | | 2-6-1697 | 1889 | 1/2./// YO. | | |
| 1 | | 100 | uring most of wark | sing life, even if reti | red) | IND OF BUSINESS OR II | NDUSTRY | 11. BIRTHPLACE (Stote | e ar foreign co | watry) | 12. CITIZEN O | F WHAT COUNTRY |
| | - | 12 | FATHER'S NAME | r | F | arming | | Md. | | | U.S | ?A: |
| | | 13. | PATHER S PIAME | | Pear | | 14. | MOTHER'S MAIDEN | | | | |
| | | 15. | Andr | PEN Jack | | SOCIAL SECURITY NO. | 17. INFO | Mary Ho | over | Address | | |
| | | (Yes. | no, or unknown) | [If yes, give wer or del | les of service) | | | | | Pearce | | |
| | | H | no_ | STA (Enter only one | | 19-36-1528 | 1 | rs. Andr | ew S | PAGRAG | , Cocil | ton, Md |
| | | | | ATH [Enter only one ATH WAS CAUSED I | No con | ot Gun wou | ınd c | of the he | | | ONS | RYA, BETWEEN ET AND DEATH |
| | | | 076 | IMMEDIATE CAUS | | 70 dail wor | 4444 | AT CITE ITE | au | | | |
| | | | Candilians, if | | (b) | | | | | | | |
| | | | gave rise to imm | | 1-2 | | | | | | | |
| | | | (a), stating the cause last. | underlying | (c) | | | | | | | |
| | ** | Š | PART II. OT | THER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO DEATH | BUT NOT | RELATED TO THE TERM | AINAL DISEASE | CONDITION GIVE | EN IN PART 1(a) 1 | 9. WAS AUTOPSY |
| | * | Š | | | | | | | | | | PERFORMED? |
| | | TE | 20g. EXTERNAL CA PRIMARY OF CC CAUSE OF DEATH | NUSE WAS | 20b. DESCRIBE | HOW INJURY OCCURR | ED. (Enter | noture of injury in Po | rt 1 or Port II o | of item 18.) | | |
| | | | CAUSE OF DEATH | | Shot s | elf with | shot | gun in | the m | outh | | |
| | | WEDICAL | 20c. TIME OF INJE | | , Year 20d. 11 | VIURY OCCURRED 200 | - PLACE O | F INJURY (Home, forestreet, office bldg., etc. | m. 20f. (City | | (County) | (Stote) |
| | | WE | Sour o.m. p.m. | | 19 60 While of wor | k of work | | ken Hous | 1 | ecilton | Co | oda Md |
| | | | 21. I certify I | that I took cho | rge of the re | emoins described | | | | spection , | Inquiry 🗍 | , and find tha |
| | | | deoth resulted | d from: Notu | ral couses 🗀 | , Accident [], | Suicide | Homicide | e 🔲, Un | determined co | ouse . | |
| | | | | 14 170 X | 1) 10 | -0000 | 1 | | | | | |
| | ZIR. | | SIGNATURE | C CX/NO | YUC | NOV | M. | D. CHIEF MEDICAL E | XAMINER 🔲 | | | DATE SIGNED |
| Z . | | | EXAMINER'S | | | | | ASSISTANT MEDIC | CAL EXAMINER | | | |
| оша | | | NAME (Type) | R.C.Doc | | | | DEPUTY MEDICAL | EXAMINER |] | 6-9-60 | |
| or remo | 241 | | BURIAL, CREMATI REMOVAL (Specify | ON, 225. DATE THE | EREOF | 224 NAME OF CEMETER | Y OR CRE | MATORY | 22d. LOCAT | ION (City, tawn, a | r county) | (Stole) |
| | , | 6 | URIAL | 16/10 | 160 | PEIHEL | | EM. | CHES | APERI | ELIL | 1, /10 |
| [5] | 100 | 130 | FUNERAL DIRECTO | SIGNATORE | · · · · | ADDRESS | into | | D BY REGISTR | | TRAR'S SIGNATION | |
| , | 小グ、 | | unall | Stell | 11101 | Much | Then | -//LAN DATE | | | , | |



deloy

MEDICAL EXAMINER: This

O DEPUTY





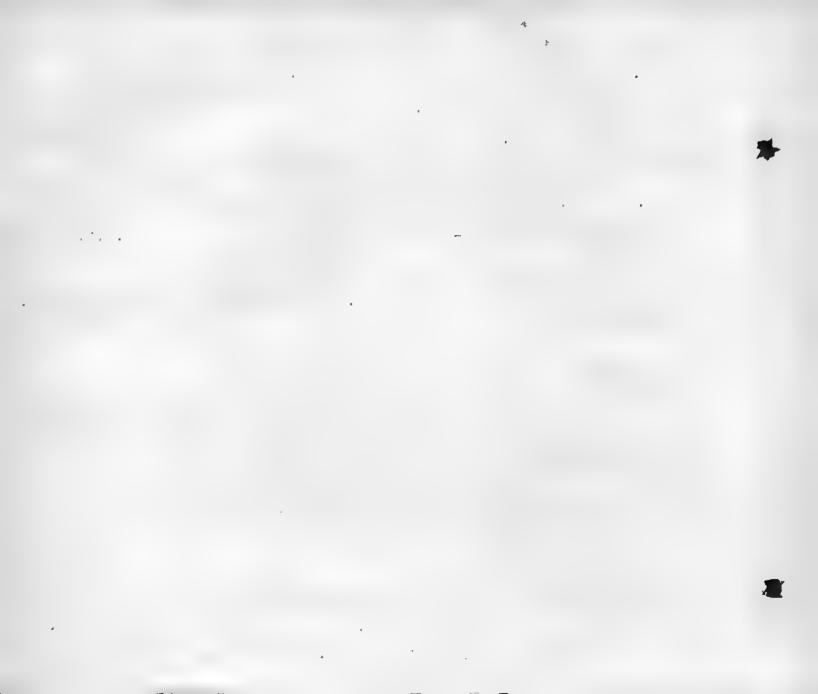
| | 6844 CERTIFIC | CATE OF DEATH Reg. Dist. | 16811) |
|---------------|---|--|---|
| | PLACE OF DEATH o. COUNTY Cecil MARYLANG | D 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence to STATE B. COUNTY Ceci | |
| לני | b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) E1kton (Rural) c tength of Stay in H | V | nearest lown) |
| | d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION | d. STREET ADDRESS | e. IS RESIDENCE ON A FARM? YES NO |
| 3. | NAME OF First Middle DECEASED (Type or print) Lewis K | Sprout 4. DATE Month OF DEATH June | Day Yeor 3 1960 |
| 5 | SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED | (as pirriday) Manths Da | EAR IF UNDER 24 HRS |
| 100 | USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Paper maker, ret. Paper Mill | DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12 CITIZEN 13 CITIZEN 15 STOTE S | OF WHAT COUNTRY |
| 13. | John Sprout | 14. MOTHER'S MAIDEN NAME Emma Jane Barrow | |
| | WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 161, no. or unknown) [If yes, give wor or dates of service) 214-01-0804 | George Sprout, Elkton, R.D., Mary | yland. |
| | 18. CAUSE OF DEATH [Enter only one couse per tiple for (o), (b) and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, it only, which gave rise to immediate couse (a), stating the under. | or montaile grand. | INTERVAL BETWEEN ONSET, AND DEATH |
| CERT-FICATION | OR CONTRIBUTING CLOSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(RRED. (Enter nature of injury in Part I or Port I. of item 18.) | 19. WAS AUTOPSY PERFORMED? YES NO |
| MEDICAL | 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e Hour a. m. p. m. 19 While Not while of work of work | PLACE OF INJURY (Hame, form, foctory, street, office bldg., etc.) (Cou | nty) (State |
| | 21. I certify that 1 attended the deceased fram | ath accurred at ADDRESS (Street, city or town, state) | |
| | PHYSICIAN'S NAME (Type) PETED STAVOAKIS | k.) | 1 " |
| | | Mthodist Cem Elkton, R.D., Cecil | |
| 23. | Jeseph A. Grand, North East, Mar | ryland. Date 111 9 '60 246. REGISTRAR'S SIGN. | |



may be retained by the haspital or attending physician. TO FUNERMOREMIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 a should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 20 offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A1S (4) 15M 9/S5

| | | 6827 | CERTIFICA | ATE OF DEATH | | Reg. Dist. N | 81 |
|------------|---------------|--|---------------------------|--|---|--------------------------|--|
| | | CECIL | MARYLAND | 2. USUAL RESIDENCE (WM o. STATE MD . | ere deceased lived. If institut b. COUNTY | | _ |
|) | t | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LIKTON | 6 WKS. | V ==================================== | ulside corporate limils, write SUN RU | RURAL ond give i JRAL | nearest town) |
| · Silveria | - | d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION UNION HOSP | | d. STREET ADDRESS | | | on a farmer |
| * | | NAME OF First DECEASED (Type or print) GUSTAVE | Middle FERDINAND | lost WACHOWSKI | 4. DATE Mo OF DEATH | onth 5/ | Day Yeor 16/1960 |
| | 5, \$ | M. W. widowi | ED DIVORCED | | 9. AGE (In years lest birthday) 398 61 yrs | Months Day | |
| | | . USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER S | ELFEEMPOYED | GERMANY | | U.S. | OF WHAT COUNTRY |
| | | FATHER'S NAME WILLIAM WACHOWSKI | 20211 (2212) 10 12 1 | 14. MOTHER'S MAIDEN N | NAUJOK | | |
|) | ID. Yes | | 96-05-003B N | NFORMANT IRS. MINNIE | WACHOWSKI | RISING | |
| | | 18. CAUSE OF DEATH [Enter only one cause per limited by the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate couse (o), stating the under. DUE TO | pmg 1 3 1 | Krombosis with terioseleros. | st. hemipley | | NIERVAL BETWEEN NIET AND DEATH WEST AND DEATH |
| | CERTIFICATION | PART II. OTHER SIGNIFICANT CONDITIONS (| CONTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERMI | NAL DISEASE CONDITION GI | VEN IN PART 1(o | 19. WAS AUTOPSY PERFORMED? YES NO |
| | | 206. ACCIDENT WAS UNDERLYING 206. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | CRIBE HOW INJURY OCCURRE | D (Enter noture of injury in P | ort for Port II of item 18.) | | |
| | MEDICAL | 20c. TIME OF INJURY Month, Doy, Year 20d, II Hour o. m. 19 While at war | Nat while for | ACE OF INJURY (Home, form, clory, street, office bldg , etc. | 20f. (City or town) | (Coun | (Stote) |
| | | 21. I certify that I attended the decease alive on 6 16 196 ACTUAL SIGNATURE SIGNATUR | duchur | | M, from the causes ADDRESS (Street, city or fown the East | and on the | saw the decease date stated above DATE SIGNE |
| | | Burial, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 6/19/ 3960 | | gM _ | 22d. LOCATION (Cily, town, RTSTNG, SUN | | (Stote) MD |
| | 23. | Turner & M-Afulle | ADDRESS RISING SU | TAT BET | P 41 MEDIUM =-01 | Lug S. Krau | |



| | | MEDICAL EXAMINE | RDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI R'S CERTIFICATE OF DEATH | 7 10. |
|--------------------------------------|-----------------------|--|--|-------------------------|
| LEDT | | - C000 | V00 | 10 |
| LE I. | | PLACE OF DEATH UOJO | USUAL RESIDENCE (Where decaesed lived, II institution; Residence below. STATE b. COUNTY | ore edmis |
| | | Cecil | ND 163 | |
| | | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) | N 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest | t town) |
| | _ | Elkton hours | Baltimore d. STREET ADDRESS | - 1 |
| 3 2 . | | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | | IS RESID |
| 10- | 1 | Elkton, Jail | " TIM HE TEE DIE | NO INC |
| | | NAME OF First Middle DECEASED | OF | Yaar |
| | | (Typa or print) Millard Frankli | | 1960 |
| | 1 5 | SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | rast purindey/ Months Davis Hoter | |
| | 1.0 | WIDOWED DIVORCED |] 0-31-1910 19 yrs. | |
| | | . USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired) | DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHA | AT COU |
| | - | Carpenter Building | Kenticky U.S. | A |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | |
| event | 15 | Alfred Waddell | Learl Bruce | |
| S | (Ye | WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. s, no, or unknown) [(Ifyesgivewerordelesofservice) | 17. INFORMANT Address Baltimac | ore. |
| aux | | no | Mrs. Millard F. Waddell. 116 W. Lee St | t. |
| 1 | | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: | ONSET A | ND DEV |
| DEG | | IMMEDIATE CAUSE (a) Edema of Brain ar | d Dabber websites to 2 Ot 1 | |
| TO OF | | Totalia of the state of | u-racty-nutricoinal-tirrnosis- | |
| ** | | 581.0 DUE TO | d racty nutricolnal Cirrnosis | |
| n, | | 5 %/. O DUE TO Conditions, if any, which gave use to immediate cause (b) | id ratty nutricolna i Cirrnosis | |
| | | 5 %/- O DUE TO Conditions, if any, which gave rise to immadiate cause (e), stefing the underlying DUE TO | id ratty nutricolnal Cirrnosis | |
| | 7 | Conditions, if any, which gave rise to immadiate cause (e), stelling the underlying cause last. | | AC ALIT |
| 0 | NOL | Conditions, if any, which gave rise to immadiate cause (e), stelling the underlying cause last. | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA | ERFORM |
| 2 | FICATION | Conditions, if any, which geve rise to immediate cause (e), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WA PE | ERFORM |
| 2 | ERTIFICATION | Conditions, if any, which gave rise to immediate cause (e), stating the underlying Cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WA | ERFORM |
| 2 | AL CERTIFICATION | Conditions, if any, which gave rise to immediate cause (e), stating the underlying DUE TO (c) CONDITIONS CONTRIBUTING TO DEATH 8 206 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING TO COUNTRIBUTING CAUSE OF DEATH. | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PE YES TRED. (Enter neture of Injury in Part 1 or Part II of Item 18.) | ERFORM |
| | | Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO Cause last. PART I.I. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 20a EXTERNAL CAUSE WAS PRIMARY — or CONTRIBUTING — CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURED 20 While — Not While — | UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WA PE | ERFORM! |
| or to curial, cremigion, or removel, | MEDICAL CERTIFICATION | Conditions, if any, which geve rise to immediate cause (e), stelling the underlying DUE TO Cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 20b EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year You work st work 19 et work | TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WARE PER YES TED. (Enter neture of injury in Part f or Part II of Item 18.) e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) | ERFORMI NO (Stel |
| 2 | | Conditions, if any, which geverise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 207. TIME OF INJURY Month, Day, Year While Not While et work at work 201. I certify that I took charge of the remains described above | PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) PLACE OF MAJORY (Home, farm, fectory, street, office bidg., etc.) Inspection Inquiry And in my | ERFORMI NO (Stell |
| 2 | | Conditions, if any, which geve rise to immediate cause (e), stelling the underlying DUE TO Cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 20b EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year You work st work 19 et work | LIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA PE YES. RED. (Enter neture of Injury In Part f or Part II of Item 18.) e. PLACE OF INJURY (Home, farm, fectory, street, office bidg., etc.) e, held an Autopsy. Inspection Inquiry and in my Suicide . Homicide . Undelermined manner. | ERFORM NO |
| | | Conditions, if any, which gever rise to immediate cause (e), steting the underlying DUE TO Cause list. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 207. TIME OF INJURY Month, Day, Year While Not While et work et work to the work of the remains described above death resulted from Natural causes . Accident . | PLACE OF INJURY (Home, farm, 20f. (City or lown) Tectory, street, effice bldg., etc.) CHIEF MEDICAL EXAMINER | (Ste |
| 2 | | Conditions, if any, which geverise to immediate cause (e), stating the underlying (c) PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 207. TIME OF INJURY Month, Day, Year While Not While et work at work 201. I certify that I took charge of the remains described above | PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) Physicide . Homicide . Undetermined manner . ASSISTANT MEDICAL EXAMINER . DATE | (Ste |
| 2 | | Conditions, if any, which gever rise to immediate cause (e), steting the underlying DUE TO Cause list. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH B 206. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 207. TIME OF INJURY Month, Day, Year Young of work et work et work at work. 21. I certify that I took charge of the remains described above death resulted from Natural causes . Accident | PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) Philade Homicide Homicide Homicide Home Assistant Medical Examiner Deputy Medical Examiner | (Ste |
| | MEDICAL | Conditions, if any, which gever use to immediate cause (e), steling the underlying DUE TO Cause list. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH B 20b EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING DEATH B 20c. TIME OF INJURY Month, Day, Year Young Death Cause of DEATH. 20c. TIME OF INJURY Month, Day, Year While Not While et work st work to st work to start and the suited from Natural causes. Accident Accident SIGNATURE EXAMINER'S R.C. DodSoft | PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) P. Hand in my Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . Address (Street, city, lown, or county) | (Ste |
| | MEDICAL | Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO cause list. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 206 EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 206. TIME OF INJURY Month, Day, Year While Some work of the remains described above death resulted from Natural causes Accident Accident Accident SIGNATURE EXAMINER'S NAME (Type) R.C. DOGSOFT. BURIAL, CREMALON, 22b DATE THEREOF 22c. NAME OF CEMETE REMOVAL (Specify) 22b. DESCRIBE HOW INJURY OCCURRED 20 While st work at work at work at work at work at work. | PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) Part I (a) 19. WARE PER YES RED. (Enter neture of injury In Part 1 or Part II of Item 18.) Per PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) Per held an Autopsy CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) | (Ste |
| | MEDICAL | Conditions, if any, which gave rise to immediate cause (e), stating the underlying cause list. PART II. OTHER SIGNIF.CANT CONDITIONS CONTRIBUTING TO DEATH 8 20e. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year Young of work at work at work at work at work at work at work. 21. I certify that I took charge of the remains described above death resulted from Natural causes Accident Accident SIGNATURE EXAMINER'S NAME (Type) R.C. DOGSOTE BURIAL, CREMATION, 22b DAYE THEREOF 22c. NAME OF, CEMETE | PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) Part I (a) 19. WARE PER YES RED. (Enter neture of injury In Part 1 or Part II of Item 18.) Per PLACE OF INJURY (Home, farm, fectory, street, effice bldg., etc.) Per held an Autopsy CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) | (Ste |
| nerion, or removal, | MEDICAL | Conditions, if any, which geve rise to immediate cause (e), stating the underlying DUE TO cause list. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH 8 20b. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year While Some work of the cause of the remains described above death resulted from Natural causes Accident Accident Accident SIGNATURE EXAMINER'S NAME (Type) R.C. DOGSOFT. BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETER MOVAL (Specify) DATE THEREOF DEATH. BURIAL, CREMATION, 22b DATE THEREOF DATE ACCIDENT. | LIT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WA PE YES. RED. (Enter neture of Injury In Part f or Part II of Idem 18.) e. PLACE OF INJURY (Home, farm, fectory, street, office bldg., etc.) e. held an Autopsy. Inspection Inquiry and in my Suicide Homicide Homici | (Stell |

Aplacement cert. 9/1/0: Film & 270 - MB



and get the control of the control o

| 1/1 | 1. 9 | LACE OF DEATH | 58 | 4.0 | CERTIFIC | | | | lived. If instituti | Reg. Dis | | nission) |
|-----|---------|---|---|--|-------------------------------------|---------------------------------------|------------------|------------------------|---------------------------------|-------------|---------------------------|----------------------|
| 1 | 0 | County Ceci | 1 | | MARYLAND | e. STATE | Marvla | _ | b. COUNTY | | | |
| | Ь | | (If outside corporate limi | s, write c. | LENGTH OF STAY IN 16 | c. CITY O | - V | | ole limits, write R | URAL ond gi | ive recrest to | own) |
| | | Bain | bridge | | 7 hr. 35 Mi | n X | Port D | eposit | | | | |
| 51 | | OR INSTITUTION | | | | 1 | T ADDRESS | | | | 10 | RESIDENCE A FARM? |
| 7 | _ | ation Ho | | | inbridge, Md | 2.0 | | | Circle | | YES | □ NO [] |
| | (1 | AME OF ECEASED ype or print) | Fir Cyntl | nia | Middle Lynne | Wil | Llix | 4. DATE OF DEATH | Mod Jur | 1e | 24 | 19 60 |
| | S. SI | X | | | NEVER MARRIED | - | | | 9. AGE (in years last birthday) | | Doys Hou | |
| | | male | Caucasian | The state of the s | | | ne 1960 | | yrs. | | 7 | 35 |
| | 10a. | during most of wo | ION (Give kind of work or rking life, even if retired) | ione 10b. KIN | 10 OF BUSINESS OR INC | | aryland | or foreign co | unity) | | ted St | ates |
| I | 1 | obert Gr | aham Willix | | 2006 | 14. мотне Епр | R'S MAIDEN N | ne Dus | rting/ | | | |
| 1 | 15. \ | | ER IN U. S. ARMED FOR | | CIAL SECURITY NO. 17. | INFORMANT | | | Add | ress | - | |
| | | | | | | Hospi | ital Re | cord | | | | |
| | | Conditions, if gave rise to cate (a), stating lying cause lost | immediate DUE TO | COl | OXIA NGENITAL ATE | LECTASIS | 3 | | | | 7 h | r. 35 n |
| 2 | CATION | PART II. O | THER SIGNIFICANT CON | DITIONS CON | NTRIBUTING TO DEATH BE | JT NOT RELATED | TO THE TERMI | NAL DISEASE | CONDITION GIV | EN IN PART | 1(a) 19. WA PER YES | S AUTOPSY FORMED? |
| | CERTIFI | 20a. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF | /AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER) | 20b. DESCRI | BE HOW INJURY OCCUR | RED. (Enter noture | e of injury in P | art I or Port | II of item 18.) | | | |
| | MEDICAL | Pour o. m | 18 | While of work | Not while | PLACE OF INJUR factory, street, of | | | or town) | (C | ounty) | (Stote) |
| 1 | | 21. I certify | hat I attended the | deceased | from 24 June | 1960 | 0 , to 24 | June | , 19 6 | that I lo | ast saw th | e deceased |
| 11 | | alive an 24 | June | 19 60 | , and that dea | th accurred o | | | | | e date sta | |
| | | ACTUAL SIGNATURE | U.A. | 15, | 19n) | M.D. Sta | | | eet, city or town, L. USNTC | | bridge | Md Md |
| | | PHYSICIAN'S NAME (Type) | W. A. RIGGS | LT M | CUSNR | | | | | | | 6/27/6 |
| ~ | - 1 | | | | | | | 001 1001 | | | | |
| R | | BURIAL CREMATI REMOVAL (Specif | y) | | 2c. NAME OF CEMETERY West Nottin | | | Color | ION (City, town, | | Maryla | nd nd |